

(Please return by email, fax or mail)

Vendor Number (Purchasing to assign)\_\_\_\_\_

## **VENDOR APPLICATION**

CITY OF ASHEVILLE PURCHASING DIVISION P.O. BOX 7148 ASHEVILLE, NC 28802 / #3 HUNT HILL PLACE, ASHEVILLE, NC 28801 PHONE (828) 259-5950 / FAX (828) 259-5440 / EMAIL\_purchasing@ashevillenc.gov

Please note if 1099 Vendor	se (Paid by S S #)	No (Paid by Tay ID#)
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Must Submit W-9 Form with application	on. Download from	nere: http://www.irs.gov/pub/irs-pdf/fw9.pdf
E-Verify Employer: Applicable	or Exempt (Less	than 25 employees)
Must submit affidavit with application	http://As	hevillenc.gov/purchasing
COMPANY NAME		
DBA		
PURCHASE ORDER ADDRESS:		
Street or P.O. Box		
City	State	Zip Code
Telephone	Fax	Email
Federal Tax ID #	SS # ( If Individual)	Payment Terms
Send Bid Requests To: (If different from p	ourchase order addr	ess shown above)
Street or P.O. Box		I <del>-</del> : - :
City	State	Zip Code
Telephone	Fax	Email
REMIT ADDRESS:		
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City	State	Zip Code
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SALES REPRESENTATIVE(S):		Phone
Inside Sales Name		
Outside Sales Name  NAME OF INDIVIDUALS WITH AUTHORIT	V TO QUOTE AND/O	Phone Phone
NAME OF INDIVIDUALS WITH AUTHORIT		
INAIVIE	TITLE	PHONE
CITY OF ASHEVILLE PRIVILEGE LICENSE [	1 VES [ 1 NO (Privi	lege License convinust he provided)
OUT OF STATE VENDORS -NC CERTIFICATE (		lege License copy must be provided)
TYPE OF BUSINESS: (Describe your		
Title of Boomeoo. (Besonbe your		
CORPORATION [ ]	PARTNERSHIP	[ ] INDIVIDUAL [ ]
DATE ESTABLISHED/FOUNDED	TATTIVETOTIII	[ ] INDIVIDORE [ ]
OFFICERS OF CORPORATION, PARTNER	S. OR MEMBERS OF	FIRM AND TITLE
NAME	TITLE	
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NAME	TITLE	
		AST 12 MONTHS, HAS ANY OWNER, OFFICER,
		INTEREST, EITHER DIRECTLY OR INDIRECTLY, IN
		AL CAPACITY WITH, OR BEEN EMPLOYED BY, THE
CITY OF ASHEVILL	.E [ ] YES [ ] I	NO IF YES, PLEASE IDENTIFY
ARE YOU OR AFFILIATE RATED BY DUN	N AND BRADSTREE	T?[]YES[]NO RATING:

	NAME		RM: ADDRESS			PHONE			
IST THREE	(3) COMPANIE	S TO WHOM	OU FURNIS	SH PRODUC	TS OR SEF	RVICE:			
NAME		ADDRESS			PHONE				
		********	*****	******	*****	*****			
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	nd offer them a								
usiness is de	efined as a busi	ness which, at	minimum, is	51% owned	and control	led by ethnic	minority gro	oup members	
	n. If you are a m								
	inority Business gram, go to ww			alling (828)	232-4566. F	or more info	rmation on th	ne Minority	
usiness Prog	gram, go to ww	w.AshevilleNC.	gov.						
[ ] Af	rican American	[] Native Am	erican []H	ispanic Ame	rican [ ] As	ian America	n []Womar	n Owned	
I CERTIF	Y THAT THE INF	ORMATION PRO	OVIDED HER	E IS TRUE AN	ND ACCURAT	E TO THE B	EST OF MY K	NOWLEDGE	
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